## PROPERTY & CASUALTY INSURERS

COMPANY NAME:	NAIC Company Code:			
Contact:	- · · · · · · · · · · · · · · · · · · ·	Telephone:		
REQUIRED FILINGS IN THE STATE OF:	UTAH	Filings Made During the Year 2016		

(1) (2)		(3)	(4) NUMBER OF COPIES*			(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom State	estic NAIC	Foreign State	DUE DATE	SOURCE**	NOTES
		I. NAIC FINANCIAL STATEMENTS				I		
	1	Annual Statement (8 ½" x 14")	1	ЕО	xxx	3/1	NAIC	A,B,E,F,G,H,I,J,K L
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	A,B,E,F,J,K,M
	2	Quarterly Financial Statement (8 1/2" x 14")	1	ЕО	xxx	5/15, 8/15, 11/15	NAIC	A,B,E,F,G,H,I,J,K L
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	A,B,E,F,G,H,I,J,K M
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	G, H, & L
		II. NAIC SUPPLEMENTS			•			
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	11	Actuarial Opinion	1	EO	xxx	3/1	Company	A,B,E,F,G,I,J,K
	12	Actuarial Opinion Summary	2	N/A	XXX	3/15	Company	A,B,E,F,J,I,Q
	13	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	A,B,E,F,J,K,M
	14	Combined Insurance Expense Exhibit	1	EO	XXX	5/1	NAIC	A,B,E,F,J,K,M
i	15	Credit Insurance Experience Exhibit	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	16	Cyber security and Identity Theft Insurance Coverage Supplement	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	17	Director and Officer Insurance Coverage Supplement	1	ЕО	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E,F,J,K,M
	18	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	A,B,E,F,J,K,M
	19	Financial Guaranty Insurance Exhibit	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	20	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	21	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	22	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	23	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	24	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	25	Management Discussion & Analysis	1	EO	xxx	4/1	Company	A,B,E,F,J,K
	26	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	A,B,E,F,J,K,M
	27	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E,F,J,K,M
	28	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	A,B,E,F,J,K,M
	29	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	A,B,E,F,J,K,M
	30	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	A,B,E,F,J,K,M
	31	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	A,B,E,F,J,K,M
	32	Schedule SIS	1	N/A	N/A	3/1	NAIC	A,B,E,F,J,K,M
	33	Supplement A to Schedule T	1	EO	N/A	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E,F,J,K,M
	34	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	A,B,E,F,J,K,Q
	35	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E,F,J,K,M
		III. ELECTRONIC FILING REQUIREMENTS		L				
	60	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	61	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	<u> </u>
	64	Combined Annual Statement Electronic Filing	xxx	EO	XXX	5/1	NAIC	
	65	Combined Annual Statement .PDF Filing	XXX	EO	XXX	5/1	NAIC	
	66	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	67	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
_	68	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	69	Quarterly .PDF Filing	xxx	EO	XXX	5/15, 8/15, 11/15	NAIC	
		· _ · · · · _ · · · · · · · · · · · · ·		<del></del>				
	70	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	

Accountants Letter of Qualifications Audited Financial Reports Audited Financial Reports Exemption Affidavit Communication of Internal Control Related Matters Noted in Audit Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Request for Exemption to File Request to File Consolidated Audited Annual		EO EO N/A N/A N/A	N/A N/A N/A N/A	6/1 6/1 8/1	Company Company Company Company Company	A,B,E,F,J,N,O A,B,E,F,J,K,N,O A,B,J,N,O A,B,E,F,J,K,M,N, O
Audited Financial Reports Exemption Affidavit Communication of Internal Control Related Matters Noted in Audit Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Request for Exemption to File		N/A N/A N/A	N/A		Company	A,B,J,N,O A,B,E,F,J,K,M,N,
Communication of Internal Control Related Matters Noted in Audit Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Request for Exemption to File		N/A N/A	N/A	8/1	Company	A,B,E,F,J,K,M,N,
Communication of Internal Control Related Matters Noted in Audit Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Request for Exemption to File		N/A		8/1		
Management's Report of Internal Control Over Financial Reporting  Notification of Adverse Financial Condition  Request for Exemption to File			N/A		Company	
Financial Reporting Notification of Adverse Financial Condition Request for Exemption to File		N/A				A,B,E,F,N,O
Request for Exemption to File			N/A	8/1	Company	A,B,E,F,J,K,N,O
		N/A	N/A		Company	A,B,E,N,O
Degreet to File Consolidated Audited Asset		N/A	N/A		Company	A,B,J,N,O
Statements		N/A	N/A		Company	A,B,E,N,O
Relief from the five-year rotation requirement for lead audit partner		EO	N/A	3/1	Company	A,B,E,N,O
Relief from the one-year cooling off period for independent CPA		EO	N/A	3/1	Company	A,B,E,N,O
Relief from the Requirements for Audit Committees		EO	· N/A	3/1	Company	A,B,E,N,O
V. STATE REQUIRED FILINGS***			<u> </u>	.L		
Certificate of Compliance		0	0		State	
Certificate of Deposit		0	0	1	State	
Filings Checklist (with Column 1 completed)		0	0		State	
Premium Tax		0	1		State	D
State Filing Fees		0	1		State	B,C
Signed Jurat	xxx	0	xxx		NAIC	L
Utah Accident and Health Survey	1	0	1	4/1	State	P
Holding Company Registration Form B & C	2	0	N/A	5/1	State	A,B,E,F,J,R
Holding Company Form D, Surplus Notes, Extraordinary Dividend Requests, and Other Filings	See Note S	N/A	N/A		State	S
	Relief from the one-year cooling off period for independent CPA Relief from the Requirements for Audit Committees  V. STATE REQUIRED FILINGS*** Certificate of Compliance Certificate of Deposit Filings Checklist (with Column 1 completed) Premium Tax State Filing Fees Signed Jurat Utah Accident and Health Survey Holding Company Registration Form B & C	Relief from the one-year cooling off period for independent CPA Relief from the Requirements for Audit Committees  V. STATE REQUIRED FILINGS***  Certificate of Compliance Certificate of Deposit Filings Checklist (with Column 1 completed) Premium Tax State Filing Fees Signed Jurat Utah Accident and Health Survey Holding Company Registration Form B & C Holding Company Form D, Surplus Notes, See Note	Relief from the one-year cooling off period for independent CPA  Relief from the Requirements for Audit Committees  EO  V. STATE REQUIRED FILINGS***  Certificate of Compliance  Certificate of Deposit  Filings Checklist (with Column 1 completed)  Premium Tax  Orenium Tax  State Filing Fees  Signed Jurat  Utah Accident and Health Survey  Holding Company Registration Form B & C  Holding Company Form D, Surplus Notes,  See Note  N/A	Relief from the one-year cooling off period for independent CPA	Relief from the one-year cooling off period for independent CPA	Relief from the one-year cooling off period for independent CPA

<sup>\*</sup>If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

<sup>\*\*</sup>If Form Source is NAIC, the form should be obtained from the appropriate vendor.

<sup>\*\*\*</sup>For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: <a href="http://www.naic.org/public lead state report.htm">http://www.naic.org/public lead state report.htm</a>

# NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)

A	Required Statement Filing Contact	For questions and filing information concerning Utah Filing, please send requests to: Analyst Team Analysts@utah.gov
	Information:	Please include Company Name, NAIC Co Code, and filing Subject Line. If secure or proprietary information is to be provided, please use your secure electronic account drop box that you have with the Utah Insurance Department. If you do not have such an account, please e-mail <a href="mailto:analysts@utah.gov">analysts@utah.gov</a> and request instructions on how to secure an electronic account drop box.
В	Mailing Address:	Utah Insurance Department State Office Building, Suite 3110 Salt Lake City, Utah 84114-6901
С	Information for Filing /Renewal Fees:	See the Fee Schedule shown in Utah Administrative Code § R590-102-4 General Instructions and R590-102-5 Fees.
	Contact Information for Questions Concerning Renewal Fees:	For questions concerning Utah Renewal Fee's, please contact:  Dava Ann Neal  dneal@utah.gov  801-538-3812
	For Complete Renewal Instructions: Preferred Methods of Payment:	http://www.insurance.utah.gov/insurers/rene wals.html  1. Payment by Credit Card  2. Payment by e-check (ACH-Debit) — Corporate accounts may have "blocks" prohibiting this type of transaction, so you will need your financial institution to confirm e-check transactions are allowed. THIS MUST BE DONE PRIOR TO MAKING A PAYMENT ON-LINE. If you are unable to process an e-check, provide your financial institution with Utah Departments originating ID number, 0000097488, before processing the e-check transaction. E-check is the only ACH type transaction currently supported.  3. Payment by Check — Department will accept checks ONLY if you are unable to pay with a credit card or e-check.
D	Online URL for Insurance Premium Tax Payments: (Must be filed electronically through TAP) Instructions for Premium Tax Payments online:	www.tax.utah.gov (Taxpayer Access Point – TAP)  Click on the "Business Tax Info" link Click on the "On Line Tax filing & Payment" link Click on the "Taxes for Individuals and Businesses" link Click on the "File and Pay Most Utah Taxes Online with Taxpayer Access Point – TAP" link
	Filing Info:	Filing Frequency: Annual Return & 4th Quarter Payment  Filing Due: March 31st. Payment Due: Last day of April, July & Oct. for quarterly estimated prepayments.
,	Statutes	See statutes: §31A-3 and §59-9
	Contact Information for Questions Concerning Premium Taxes:	For questions concerning Utah's premium tax, please contact: <b>Kyle Boyer</b> kboyer@utah.gov (801) 297-4637

Cate Filings:  Original Signatures:  Signature/Notarization/Certification:	due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.  Foreign company electronic filings will be deemed filed based on the date received by the NAIC. Domestic hardcopy filings will be deemed filed based on the postmark date. Any actions concerning late filings will be taken in accordance with Utah Administrative Code § R590-147-5(3) and Utah Code Annotated § 31A-2-308.  When signatures are required by the NAIC Annual Statement Instructions, originals are required from domestic insurers. Original signatures are not required of foreign companies unless specifically requested. Rather foreign companies should follow the guidance provided in the NAIC Annual Statement Instructions.  For domestic insurers only, two of the three principal officers specified by a company's articles of incorporation are required to sign those filings for which NAIC Instructions require principal officers' signatures. All other signatures shall be done in accordance with NAIC requirements. Notarizations and Certifications shall be performed when required by NAIC instructions. Foreign companies					
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	officers' signatures. All other signatures shall be done in accordance with NAIC requirements. Notarizations and Certifications shall be					
	with NAIC requirements. Notarizations and Certifications shall be					
	Inerformed when required by NAIC instructions. Foreign companies					
	are to follow the guidance of the domiciliary regulator and provide					
	evidence of compliance only upon request.					
Amended Filings:	Amended items must be filed within 10 days of their amendment,					
	along with an explanation of the amendments. If there are signature					
	requirements for the original filing, the same should be followed for					
	any amendment. This guidance applies to domestic companies only.					
	Foreign entities should follow the guidance of their domiciliary					
	regulator.					
Extensions to normal due dates:	Requests by foreign companies for extensions for a period of 30					
	days or less beyond the regular due date are not be required to be sen					
vote: Extensions do not apply to premium	in providing the domiciliary state has granted the extension and					
axes and fees	notified the NAIC. Extensions beyond 30 days will require a written					
·	request prior to expiration of the initial 30 day period, and evidence of					
	domiciliary approval. Domestic companies should apply for					
For Codes (State on NAIC)	extensions at least 30 days prior to the regular due date.					
Bar Codes (State or NAIC):	Not Required.					
igned Jurat Page:	For domestic insurers only, two of the three principal officers					
	specified by a company's articles of incorporation are required to					
	sign. Notarizations and Certifications are also required. Foreign					
	companies are to follow the guidance of the domiciliary regulator					
	and provide evidence of compliance only upon request.					
NONE" Filings:	Filings which state "NONE" across them are not to be filed unless					
TOTAL THINGS.	required by the NAIC Annual/Quarterly Statement Instructions.					
filings new, discontinued, or modified	Line #24 and #46 are new line items.					
naterially since last year:						
oreign Filing Requirements:	All foreign companies and accredited reinsurers that file their NAIC					
	annual statement blank, annual audited financial reports, quarterly					
	financial statements and any supplements related to these documents					
	with the NAIC are exempt from filing a hard copy of these items wit					
	the Department. These items should be submitted to the NAIC via					
	electronic media in accordance with the due dates established by the					
	NAIC.					
	All insurers who have accident & health business in Utah are					
tah Accident & Health Survey:	required to file this survey. (see following link for more information					
tah Accident & Health Survey:	https://insurance.utah.gov/agent/insurers/AHSurveyInstructions.ph					
tah Accident & Health Survey:	· j · · · · · · · · · · · · · · · · · ·					
tah Accident & Health Survey:	For questions comparing the compary places contact.					
tah Accident & Health Survey:	if of duestions concerning the survey, blease confact					
	For questions concerning the survey, please contact: Kris Buckler					
ontact Information for Questions	Kris Buckler					
	h Accident & Health Survey:					

Q	Supplemental Compensation Exhibit:	These filings are required from all domestics. A company wishing to have this information therein treated as "confidential" should consult the Utah Governmental Records Access and Management Act, Title 63G, Chapter 2, and especially Subsections 63G-2-305(1) and 63G-2-305(2), for possible applicability.
R	Holding Company Filings	The Form B, C and F filing are required on an annual basis from all domestics subject to the Holding Company statutes. In accordance with Utah Code Annotated § 31A-16-109 this form is deemed a confidential filing. Please refer to the attachment of Utah Administrative Code § R590-70 for guidance on the format this filing should take. Questions may be sent to: Analyst Team analysts@utah.gov
		Please include Company Name, NAIC Co Code, and filing Subject Line. If secure or proprietary information is to be provided, please use your secure electronic account drop box that you have with the Utah Insurance Department. If you do not have such an account, please e-mail <a href="mailto:analysts@utah.gov">analysts@utah.gov</a> and request instructions on how to secure an electronic account drop box.
S	Other Proprietary Filings	i.e. Surplus, Dividends, & Other Filings
	Contact Information for Questions Concerning Other Filings:	Non-proprietary questions may be sent to: Analyst Team analysts@utah.gov
		Please include Company Name, NAIC Co Code, and filing Subject Line. If secure or proprietary information is to be provided, please use your secure electronic account drop box that you have with the Utah Insurance Department. If you do not have such an account, please e-mail <a href="mailto:analysts@utah.gov">analysts@utah.gov</a> and request instructions on how to secure an electronic account drop box.
Г	Regulatory Asset Adequacy Issues Summary (RAAIS)	All Utah domestics that file on a life blank are required to file this form.(See Utah Administrative Code, Section R590-162) Questions to:
		Tomasz Serbinowski, (801) 537-9289 tserbinowski@utah.gov

# General Instructions For Companies to Use Checklist

Please Note:

This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

#### Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

#### Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

### Column (3) (Required Filings)

Name of item or form to be filed.

The Annual Statement Electronic Filing includes the annual statement data and all supplements due March 1, per the Annual Statement Instructions. This includes all detail investments schedules and other supplements for which the Annual Statement Instructions exempt printed detail.

The March.PDF Filing is .pdf files for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital .PDF Filing is the .pdf file for risk-based capital data.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts .PDF Filing is the .pdf file for the separate accounts annual statement and investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental.PDF Filing is the .pdf file for all supplements due April 1.

The Quarterly Electronic Filing includes the quarterly statement data.

The Quarterly .PDF Filing is the .pdf for quarterly statement data.

The June .PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

#### Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

### Column (5) (Due Date)

Indicates the date on which the company must file the form.

## Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on its website). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC Annual Statement Instructions.

## Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.

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Revised 10/16/14